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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden
nours per respor	nse16.00

SEC USE ONLY					
Prefix	Serial				
DATE RE	CEIVED				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	[84] [84] [84] [84] [84] [84] [84] [84]
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Adelaide Avenue Limited Partnership	03030204
Address of Executive Offices (Number and Street, City, State, Zip Code) 36 Parkis Street, Providence, Rhode Island 02907	Telephone Number (Including Area Code) (401) 455-0810
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
Development and management of affordable housing	
Type of Business Organization	1 AUG 22 2003
□ corporation ■ limited partnership, already formed □ other (p □ business trust □ limited partnership, to be formed	lease specify): THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: OTS To Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated:

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- Attention -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

. A: BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner X Executive Officer Director General and/or Managing Partner of General Partner Full Name (Last name first, if individual) Knowles, David Business or Residence Address (Number and Street, City, State, Zip Code) 36 Parkis Street, Providence, Rhode Island 02907 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

with 7	Section 1			r en en	B. 11	NFORMAT	ION ABOU	T OFFERI	NG				
,	TT Al					11	110 1 1		41.1			Yes	No
1.	rias ine	issuer soic	l, or does tl			n, to non-a Appendix				-			X
2.	What is	the minim	um investn					-				s 3.7 :	32,690
<u>.</u> .	Wilat 13	the minim	um mvesm	icit tilat w	in be acce	pica nom a	my marvia	uai:		*******	•••••	Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?		•••••					X
4.	commis If a pers or state:	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase int of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering. with a state ons of such		
Ful N		Last name	first, if indi	ividual)									
		Residence	Address (N	lumber and	1 Street, C	ity, State, Z	(ip Code)						
Naı	me of As	sociated Br	oker or De	aler									
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)					•••••		☐ Al	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	Sity, State, 2	Zip Code)						
Naı	me of As	sociated Br	oker or De	aler							<u></u>		
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			-			
	(Check	"All States	" or check	individual	States)		•••••			···········		☐ Al	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	ll Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Naı	me of As	sociated Bi	oker or De	aler									
Sta	ites in Wl	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						· .
	(Check	"All States	s" or check	individual	l States)		• • • • • • • • • • • • • • • • • • • •			***************************************		☐ A]	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	3	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	3	\$
	Partnership Interests		\$3,732,690
	Other (Specify)		\$
	Total		\$ 3,732,690
	Answer also in Appendix, Column 3, if filing under ULOE.		Ψ <u>Ξ,.υΞ,υ</u> Σ
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ <u>3,732,690</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amoun
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$

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0

\$____

□ \$_

Engineering Fees

Total

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	And the second s
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		_{\$} 3,732,690
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	\$
	Purchase of real estate		s
	Purchase, rental or leasing and installation of machinery and equipment	¬ \$	ПS
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		_
	Repayment of indebtedness] \$	S
	Working capital	7\$	□ \$
	Other (specify): Rehabilitation of buildings	\$	x \$ 3,732,690
			
	Column Totals] \$	
	Total Payments Listed (column totals added)	X \$ 3.	732,690
	D. FEDERAL SIGNATURE		harrenten antarione. Militario (1921)
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the LLS. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (2)(2) of R	sion, upon writte	le 505, the following n request of its staff,
	delaide Avenue Limited Partnership	Date August 14	, 2003
	me of Signer (Print or Type) delaide Avenue Development orporation, General Partner Title of Signer (Print or Type) David Knowles, Secretary		

7.79		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 pr provisions of such rule?		
•	See	Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	•	e in which this notice is filed a notice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon	written request, information furnished by the
4.	The undersigned issuer represents that the is limited Offering Exemption (ULOE) of the st of this exemption has the burden of establish	tate in which this notice is filed and unders	tands that the issuer claiming the availability
	uer has read this notification and knows the conte thorized person.	ents to be frue and has duly caused this notic	e to be signed on its behalf by the undersigned
,	Print or Type) Aide Avenue Limited Partnership	Signardiguel July	Date August 14, 2003
	Print or Type) ide Avenue Development pration, General Partner	Title (Print or Type) David Knowles, Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

2.3.V	APPENDIX										
1	Intendation to non-a	1 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA			_			-					
СО									<u>.</u>		
CT						-					
DE											
DC				1	3,732,690						
FL											
GA											
НІ											
ID											
IL											
IN											
IA											
KS											
KY											
LA											
ME											
MD					-						
MA							·				
MI											
MN											
MS											

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1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Cinvestor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
MT									·	
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН										
ОК										
OR										
PA										
RI		:								
SC									- **-	
SD										
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI										

J	Intend to sell and aggregate to non-accredited offering price investors in State offered in sta		Type of security and aggregate offering price offered in state (Part C-Item 1)	APP	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									